LMFCU | Louisville Medical Federal Credit Union

we're here - for those in healthcare

Membership Forms

Joint Account Agreement

234 East Gray Street, Suite 130
Louisville, KY 40202
502.629.3716
Fax 502.629.3715
ItsEasy@LMedFCU.org

If you wish to make your Credit Union Share Account joint with another person, please complete the form below and mail or bring it to the Credit Union office at the address listed.

To comply with our Customer Identification Program, please include a photocopy of your driver's license, passport or other government issued photo ID and the same identifying document for each joint owner.

Thank You for being a Credit Union Member!

CUSTOMER IDENTIFICATION PROGRAM

Important Information About Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens a new account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

JOINT SHARE ACCOUNT AGREEMENT *NOT TRANSFERRABLE

***as defined in 12 CFR Part 204**

The Louisville Medical Federal Credit Union (Credit Union) is hereby authorized to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for the accounts listed below. The joint owners of these accounts hereby agree with each other and with the Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as joint owners with all accumulation thereon, are and shall be owned by them jointly, with right of survivorship and shall be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors, shall be valid and discharge the Credit Union for any liability for such payment. The joint owners also agree to the terms and conditions of the accounts as established by the Credit Union from time to time. Any or all of said joint owners may pledge all or any part of the shares in these accounts as collateral securing a loan or loans from the Credit Union.

The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to the Credit Union which shall not affect transactions theretofore made.

The agreement covers the following accounts *(check all that apply)**:***

- ❑ **Regular Share (Savings) Account**
- ❑ **Special Share Account Sub ___**
- ❑ **Christmas Club Account**
- ❑ **Special Share Account Sub ___**

Primary Member
Account Number _____ Date Signed _____

Primary Member
Signature _____ SS# _____

Joint Owner
Signature _____ SS# _____

Joint Owner
Signature _____ SS# _____

ID PLEASE!

If you are submitting your application for membership other than in person at our office, please include a photo copy of your driver's license, passport, or other government issued photo ID.

When this form has been signed by the primary member and all joint owners, please return the original along with the required copies of your identification to the Credit Union office:

Louisville Medical Federal Credit Union
234 East Gray Street, Suite 130
Louisville, Kentucky 40202-1907

Please do not fax this form as we need original signatures on all account documents. If you have any questions or need additional information, please call us at (502) 629-3716.

Thank You!

Our Privacy Policy can be found at

LMedFCU.org